

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/696,240
<b>Filing Date</b>	28 Oct 2003
<b>First Named Inventor</b>	Chudnovsky, David V.
<b>Group Art Unit</b>	2145
<b>Examiner Name</b>	Swearingen, Jeffrey
<b>Attorney Docket Number</b>	CHUD-001

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> <input type="checkbox"/> After Final <input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	November 14, 2007

## ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Chudnovsky, <i>et al.</i> Application No.: 10/696,240 Filed: October 28, 2003 Title: METHOD TO RESOLVE AN INCORRECTLY ENTERED UNIFORM RESOURCE LOCATOR (URL)	Group Art Unit: 2145 Examiner: Swearingen, Jeffrey
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**TRANSMITTAL: RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.  
Included with the response is:

  X   An Information Disclosure Statement;

This application has:

  X   a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

       No additional fee is required.

\_\_\_\_ Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

X Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

\_\_\_\_ one months (\$60)                      X two months (\$230)  
\_\_\_\_ three months (\$535)                      \_\_\_\_ four months (\$820)

If an additional extension of time is required, please consider this as a petition therefor.

X Payment for the required fee(s) is concurrently being made via EFS-Web.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.  
X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

November 14, 2007  
Date

/Dov Rosenfeld/ #38687  
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:  
Dov Rosenfeld  
5507 College Avenue, Suite 2,  
Oakland, CA 94618  
Tel. 510-547-3378; Fax: +1-510-291-2985

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